

(ATTACHMENT 4)

7001 1940 0005 6749 5473

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only. No Insurance Coverage Provided)	
<b>OFFICIAL</b>	
Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	101
Total Postage & Fees	\$ 7.05
<b>RECEIVED</b> JAN 11 2005 19648-039 Postmark 19648-039 BY NIKS E. USP LEX	
Sent to <b>U.S. DISTRICT COURT</b> Street, Apt. No., or PO Box No. <b>17 SOUTH PARK ROW A 280</b> City, State, ZIP+4 <b>FRIE PA 16501</b> PS Form 3800, January 2001 See Reverse for Instructions	